

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
-------------------------------	-----------------------------------

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: ENT-L F

TSCA-08-2007-0012

Waclaw and Janina Jarosz  
12274 W. Applewood Knolls Dr.  
Lakewood, CO 80215

A. Signature  Agent  
 Addressee

*Jan Jarosz*

B. Received by (Printed Name) C. Date of Delivery

JANINA JAROSZ

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No



Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7005 1820 0005 4855 5106  
(Transfer from service label)